

## **WORKSITE APPLICATION 2020**

City of Little Rock • Department of Community Programs • www.LRDCPCares.org

City Hall – Room 220W • 500 W. Markham Street • Little Rock, AR 72201 • (501) 399-3420 office • (501) 399-3425 fax SYEO Contact: Michael A. Sanders • masanders@littlerock.gov

| <u>Please Print</u>  |   |
|--|---|
| Business/Organization Name:  |   |
| Department Name:   | Director's Name:  |
| Little Rock Address:   | Zip Code:   |
| Telephone:   | Fax:  |
| E-Mail Address:  |   |
| PLEASE FILL OUT A SEPARATE APPLICATION   | FOR EACH DIFFERENT WORKSITE SUPERVISOR                          |
| Immediate Intern Supervisor:   | Title   |
| Worksite Address/Phone/Fax/Email Information: [] Sa  | ame as above (or fill out information below)                    |
| Worksite Address:  | Zip Code  |
| Telephone:   | Fax:  |
| E-Mail Address:  |   |
| List each position available under the same superviso  | or. Please attach the job description for each position.        |
| 1  | _ 2   |
| 3  | _ 4   |
| Total Number of Summer Interns Requested: Position 1   | Position 2 Position 3 Position 4                                |
| Is there an age requirement? No [] Yes [] Required   | Age   |
| Are there special skills required? (Please list: e.g., typing  | g, computer skills, etc.)                                       |
| 1  | _ 2   |
| 3  | 4   |
| What are the requested work hours? Daily Start Time: _   | Daily End Time:   |
| NOTE: Full-time maximum hours authorized to work: 8  | hours a day; 32 hours a week; Monday – Thursday only            |
| Is there a certain attire or dress code required? No []  | Yes [] Attire   |
| If requesting a returning worker (NOT guaranteed), list name   | of youth:   |
| How many years has this person worked at your location   | 1? (NOTE: Intern can only work for 2 years at the same location |
| Can you pay the salary of at least ONE youth intern to he [] Yes – at a rate of \$2,000 per student [] Yes |   |

Please return this form by Thursday, April 30, 2020 to